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| | | |
|---|-------------------------------|-------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | GKNG 1192 PUS |
| | First Named Inventor | DR. LOTHAR GASPER |
| | COMPLETE IF KNOWN | |
| | Application Number | / APPLIED FOR |
| | Filing Date | HEREWITH |
| | Group Art Unit | |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONVOLUTED BOOT

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--|---|--|
| | | | | YES | NO |
| 103 13 696.7 | Germany | 03/27/2003 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

| | | | | | | | |
|---|--|--------------------------------------|------------------------|---|-------------------------------------|------------------------------|-------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> | | Customer Number or Bar Code Label | 027256 | OR | <input checked="" type="checkbox"/> | Correspondence address below | |
| ROBERT P. RENKE ARTZ & ARTZ, P.C. Name | | | | | | | |
| 28333 TELEGRAPH ROAD SUITE 250 Address | | | | | | | |
| City SOUTHFIELD | | | | State MI | ZIP 48034 | | |
| Country U.S.A. | | | Telephone 248-223-9500 | | Fax 248-223-9522 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | DR. LOTHAR | | Family Name or Surname | |
| | | | | | | GASPER | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | LOHMAR | | State | GERMANY | | Citizenship |
| | | | | | | | GERMANY |
| Mailing Address | | | | | | | |
| City | | LOHMAR | | State | ZIP | D-53797 | Country |
| | | | | | | | GERMANY |
| NAME OF SECOND INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | | | State | Country | | Citizenship |
| | | | | | | | |
| Mailing Address | | | | | | | |
| City | | | | State | ZIP | Country | |
| | | | | | | | |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | |

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

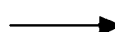
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| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | APPLIED FOR |
| | Filing Date | HEREWITH |
| | First Named Inventor | DR. LOTHAR GASPER |
| | Group Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | GKNG 1192 PUS |

I hereby appoint:

Practitioners at Customer Number 

Place Customer Number Bar Code Label here

Practitioner(s) named below:

| Name | Registration Number |
|------------------|---------------------|
| Robert P. Renke | 40,783 |
| John A. Artz | 25,824 |
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| Kevin G. Mierzwa | 38,049 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| City | State | Zip | |
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| Telephone | Fax | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-------------------|
| Name | DR. LOTHAR GASPER |
| Signature | |
| Date | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.